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ABSTRACT

A practicum designed to strengthen and expand day care staff members' knowledge about working with preschool children from crisis families had the following goals: (1) to provide staff with information about children in stressful situations; (2) to help staff recognize child behaviors that call for special attention; (3) to help staff implement appropriate play programs for their clients; and (4) to encourage staff to provide an understanding and warm atmosphere for the children. Fifteen staff members at a child crisis center for mainly Native American children in western Canada participated in a four-session in-service training program that dealt with the children's problem behaviors. These included aggressive, withdrawn, developmentally delayed, unusually sensitive, and overly friendly behaviors. Analysis of data revealed that the staff did learn about the problem behaviors, and observation showed that they learned to respond appropriately to such behaviors as well, mainly by encouraging developmentally appropriate play activities for each child and by interacting in ways that respected the child's culture and problems. Participants felt the training program was worthwhile. It has been continued at the center and may be initiated at similar locations in the area. A list of 60 references, as well as related program materials, are appended. (SAK)

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Knowledge Base Expansion as a Means of Improving Staff Management with Preschoolers in a Child Crisis Centre

by

Ruth M. Wong

Cluster XXVIII

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A Practicum II Report Presented to the Ed.D. Program in Early and Middle Childhood in Partial Fulfillment of the Requirements for the Doctor of Education Degree

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ABSTRACT

Knowleged Base Expansion as a Means of Improving Staff Management with Preschoolers in a Child Crisis Centre. Wong, Ruth M., 1991: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Training/Staff/Inservice Training/Staff Development/ Preschool Children/Child Crisis Centre/Day Care Centre/ Crisis/Family/Family Crisis/Family Problems/Child Abuse/ Crisis Intervention/Emotional Response/Behaviour/ Children's Behaviour/Behaviour Management/Program Planning

This practicum was designed to strengthen and expand staff members' knowledge in working with children who were from crisis families. The first goal was to provide the staff members with information about children who are in stressful situations. The second goal was for the staff members to recognize child behaviours which need special attention. The third goal was for staff members to implement appropriate play programs for their clients. And, the fourth goal was for other staff members to provide an understanding and warm atmosphere for the children.

The writer provided a four session in-service training program for staff members dealing with children's problem behaviours. Included in the training were the problems of aggressive behaviour, withdrawn behaviour, developmentally delayed behaviour, unusally sensitive behaviour and overly friendly behaviour. By learning to recognize such problem behaviours, the staff members could respond more appropriately to them and plan programs according to the individual needs of children at the crisis centre.

The results of the practicum were positive. Analysis of the data revealed that the staff members had gained more knowledge about problem behaviours. From the observations of the writer, the staff members also responded correctly to the children and planned suitable programs for them. Feedback from staff members was positive. They felt that the in-service training had increased their awareness of children's needs and enhanced their effectiveness in working with children.

CHAPTER I

INTRODUCTION

Description of Community

The nonprofit organization in which the practicum took place is in an urban community located in western Canada. The community is an urban centre serving as the distribution, administration, and communication centre for a large contiguous agricultural area. There are also industries in forestry, tourism and mining. In addition it is the major gateway to the far northern areas of the province.

In the late 1950's, the process of urbanization brought a substantial number of nomadic Native migrants to this urban centre from northern parts of the province. This centre is functioning as part of the government's plan to assist these migrants as they adjust to life in an urban setting. The centre offers health, education and social welfare services (Bone & Mougeot, 1978).

Currently, the community has a population of

approximately 35,000 residents, of which approximately 25 percent are Natives. The Native American population of this urban centre comprises four main groups: Treaty Indians, non-status Indians, Metis (i.e. mixed Indian and Caucasian), and a more recent peripheral group from the northern settlements (Bone & Green, 1983). The large majority of this population is in the lower economic class and receives social assistance (Bone & Green, 1986). The number of Natives tends to increase on the weekends when people from the surrounding area come in to use the city facilities and services. Some among the Native population are very transient, and lack family, extended family or community support systems to help with child care. This is especially true if they are making a transition to education or employment, or have to be hospitalized or be sent from home for a short period of time for medical treatment. Many often experience other problem situations for which they require short term child care.

The number of single parents in the urban centre is increasing. This group includes unmarried mothers, separated or divorced families, and fathers who are absent for prolonged periods because of their work in far northern areas. They often lack family and community support systems and face major problems in arranging quality child care when crises arise (Robert, 1989).

There are three prison facilities in this urban

centre. One is a high security detention centre for males operated by the federal government. One is a provincial detention centre for males and one is for female offenders. The families of the prisoners often move to this urban centre to be near their spouses. These families are at risk by having major changes in their lives (Justice & Justice, 1976). They lack support systems and child care is required when there are crises.

In addition to the three prisons, there are two hospitals and a pulp and paper mill which operate 24 hours a day, but there is no 24 hour infant day care centre and no after-hours day care service for children whose parents are employed at these facilities. Sometimes these parents will have child care problems because of sickness or because regular child care arrangements are not available.

The Setting and The Writer's Role

The nonprofit organization in which the practicum was conducted is funded by several local Native organizations. The goals for this organization include the development of programs that support Native people, the provision of needed services to the local community and the creation of employment opportunities for Native people. One of the newest services is the Child Crisis Centre. This program's operational funding is assisted by a Child Care

Initiative Fund from Health and Welfare Canada. Other financing is provided by fund raising activities and donations from local service clubs and individuals. The new centre opened on September 1, 1990. Referrals can be made by individuals, the provincial Department of Social Services, the Community Service Centre, the Crisis Line, the Police Department, and other agencies (e.g. hospital, baby sitters, etc.)

The new Child Crisis Centre is a residence that provides a safe, homelike environment for children during a family emergency. If there is no alternate care available, parents may leave their children while the problem is being resolved. The centre accepts children from birth to approximately 12 years of age. The centre has space for 10 to 15 children. The children are allowed to stay from a few hours to 72 hours.

Emergencies in the home that may make the parents less able to care for children are: sudden illness or hospitalization; high level of stress; fear of hurting their children; marital conflicts; housing problems; lost children found by police who are brought to the nursery until parents are located; etc. The services provided by the Child Crisis Centre are: immediate shelter so children can be admitted any time of the day or night; meals and snacks; cribs and cots; clothing as needed and a play area equipped with toys and books as well as supervised

activities. The services for the parents are: immediate shelter for their children as needed; information and referrals to agencies and services that may help in resolving crises; 24 hour telephone contact with children; staff for assistance with parenting problems; and parental education.

Staff members of the Child Crisis Centre are supposed to have training in the area of child care. The minimal training is the twenty-six week training course which includes four weeks of life skills, job readiness, and upgrading; eighteen weeks of workshops in the areas of child development, child abuse and neglect, drugs and alcohol, First Aid, communication skills, etc.; and, four weeks of practicum in which staff members are placed within community agencies and work in the area of crisis child care.

Seventy percent of the clients are Native. The organization aims to employ as many qualified Native people for the positions at the crisis nursery as possible.

One of the resources for the Crisis Nursery is the Early Childhood Psychology Services program which is administered by the Provincial Community Health Services Branch. The Early Childhood Psychology Services program provides psychological assessments for preschool children, plans follow up programming, refers the child to other

agencies if necessary, and serves as a resource for the community agencies who work with preschoolers, providing staff training to the community agencies who work with preschool childen. Children and their families who are receiving Early Childhood Psychology services benefit from having services from the Child Crisis Centre. The staff members also provide the parents with information regarding Early Childhood Psychology services when they feel that the children will benefit from these services.

The writer is employed as an Early Childhood Psychologist. Her educational background is in the area of early childhood education, special needs children and counselling. The writer holds an undergraduate degree in psychology and a master's degree in counselling. She also has an advanced certificate in early childhood education with specialised training in the area of special needs children.

The writer has served in settings relating directly and indirectly to children for 15 years. She has worked as a day care centre staff member and later as the director of a centre; she worked as the coordinator and the home therapist in a home-based program for special needs children; she acted as a counsellor for family counselling; she taught in a community college in early childhood education and in an Outreach program for Native women who were working at the reserve's day care centre; she has also served as a consultant to community agencies.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The Child Crisis Centre is a new program so staff members did not have adequate training and experience in this area. Some of them had experience working with preschoolers in day care centres; however, the Child Crisis Centre is a different setting and serves a different target population.

The problem is that children who are being abused and neglected, or who are in stressful situations require special understanding and special care at the Child Crisis Centre. Children who are being abused, neglected, or who are in stressful situations may exhibit aggressive behaviours. Sometimes abused and neglected children or children in stress exhibit withdrawn behaviours. Such children may also exhibit delayed or inappropriate development. Such children may also become unsually sensitive to their environment and they may relate to adults indiscriminately.

If the situation were improved, aggressive children would learn to express their feelings in a more appropriate manner. Withdrawn children would be more relaxed and play with toys. Delayed children would be provided more stimulation for their development. Overly sensitive children would feel more secure in their environment. Problem children would be referred to the appropriate agency for their special needs. Staff members would provide for the basic needs of children and assist them to improve their behaviour.

The problem, succinctly, was that available staff members at the centre required much more training than they had received in order to work effectively with children and parents who were experiencing stress and need help.

Problem Documentation

The staff members of the Child Crisis Centre did not have adequate training and experience to effectively work with children who were in a crisis situation. They needed to know more about helping such children to express their feelings in an acceptable manner. They also needed to become more aware of the child abuse and neglect that might have occured when families were in stressful situations. When the staff members had increased

information regarding child behaviour and basic play therapy, they could more readily identify children and families who required help and bring this to the attention of appropriate community agencies.

There were a total of fifteen staff members. Six of these worked full time, six worked part-time and three were casual workers at the Child Crisis Centre. Six of the staff members had completed training in the twenty-six week Child Crisis Centre Worker Course; two had Diplomas in the two year Early Childhood Worker Program; one had a one year Certificate in the Early Childhood Worker Program; one had completed the two year Chemical Dependency Program; four were taking university courses; and one has a High School Diploma. Four of the staff members had working experiences related to the area of child care. Their educational backgrounds and working experience with preschool children are summarized as follows in Table 1:

Table 1

Summary of the Educational Background and Working Experiences with Preschoolers of Proposed Child Crisis Centre Staff Members:

Staff Member	Child Crisis Worker Program	Early Childhood Worker Program	Chemical Dependency Program	University Courses	Work Experience
1	yes	no	no	no	no
2	yes	no	no	no	no
3	yes	no	no	no	no
4	yes	no	no	no	no
5	yes	no	no	no	no
6	yes	no	no	no	no
7	no	24 months	no	no	60 months
8	no	24 months	no	no	36 months
9	no	12 months	no	no	no
10	no	no	yes	no	no
11	no	no	no	yes	36 months
12	no	no	no	yes	no
13	no	no	no	yes	no
14	no	no	no	yes	no
15	no	no	no	no	no

As can be seen from Table I these workers needed additional specialized training. The management of the organization also felt there was a lack of training and experience for the staff members at the Child Crisis Centre.

Causative Analysis

Results from discussions with management personnel indicated that the lack of adequate training and experience of the staff members was expected. The Child Crisis Centre was a new program so staff members being hired did not have specific training and experience in this area. The people studied make up the only group of women who graduated from the twenty-six week training of the Child Crisis Centre Worker program in June, 1989. None of them had had direct working experience with preschool children. There were few trained early childhood development workers in the city. Most of them were working at the day care centres and others were working as teacher aides in the school system. Some of the people had gained experience working with preschoolers in day care centres; however, the Child Crisis Centre was a different setting and served different target populations. The centre had difficulty attracting qualified staff members because they had to work varying

shifts and weekends, and the salary was not competitive.

The Related Literature

The most critical element in a successful Child Crisis Centre is the personnel. Selection of staff is a difficult task because it must involve the consideration of academic skills along with personal qualities. The staff members should have knowledge in the general areas of child growth and development as well as knowledge about the effects on children of abuse and separation. They should also have experience in working with young children. Personal qualities should include openness, warmth, empathy for abusive families, and a sense of humour (Beezley and Mcquiston, 1977).

When the staff members lack information regarding the areas of child abuse and neglect, the children they have contact with may not receive appropriate services and proper referral to the other community agencies (Barlett, 1982). If the staff members lack knowledge about child growth and development, they have difficulty recognizing that children may have been developmentally delayed because of family situations (Vadasy, 1989). The staff members who lack training in the areas of child abuse and neglect may not be aware of such causes of children's behaviour which are greatly affected by their home

environment. As a result, staff members may not be able to plan special prevention programs for children (Crittenden, 1989). Untrained staff members may not respond to children's needs as soon as possible and also may not provide them with positive reinforcements for desirable behaviours (Alexander, 1980).

Staff members at the Child Crisis Centre should have training and knowledge in the areas of family relationships and be aware of the common factors in families which are at risk for abusing and/or neglecting their children.

Some of the areas mentioned in the literature in which staff members require specialized knowledge and training are as follows:

Child abuse occurs among all socioeconomic classes. Abusive parents exist among professional classes as well as the unemployed. A number of studies suggest that there is little or no difference in aggression and violence according to education (Straus, 1980). Despite the differences and individual characteristics in the families of abusive parents, there are similarities among them. The parents who become abusive or neglect their children tend to do this when the families are in stressful situations. They can function at an adequate level in the absence of stress but under high stress they may create an inconsistent and potentially dangerous environment for

their children (Ryan, Walters, Alexander, 1981). Stressful situations include such factors as social and economic troubles, lack of family roots in the community, lack of immediate support from extended families, social isolation, high mobility, and unemployment. Abusive families also have a high incidence of divorce, separation, and unstable marriages, as well as criminal offenses (Spinetta and Rigler, 1980). These factors influence the parents who have difficulty adjusting to their environment and their children become an additional stress to them.

Life events such as death of a spouse, divorce, marital separation, imprisonment, marriage, marital reconciliation, etc. can be major stressful factors for all families (Holmes and Rahe, 1967). A life crisis involves a prolonged series of abrupt changes in life that require new adjustments for the person. Abusive parents often have undergone such changes. They are under too much environmental stress and child rearing becomes an additional stressful situation for them. The situation becomes unbalanced between the demands of the family and the resources of the parents for handling the demands satisfactorily (Hiebert, 1988). A combination of particular childhood experiences together with rapid life changes may also be an influence on the occurrence of child abuse. Many abusive parents tend to increase

punitiveness toward their children during stressful periods and react to children in more violent ways when stress occurs (Conger, Burgess, Barrett, 1979).

The mobility of families has increased during the past several decades. People become more and more transient, move away from the communities in which they were raised, and family members then tend to be scattered all across the country. The effects of moving are determined by the vulnerability of the individual and his/her skills at coping with the additional stress engendered by a move (Whitney, Sarason, Sarason, 1986). Abusive parents may find themselves isolated, lacking family or friends to provide diversion and support in the communities. They may not have telephones or published telephone numbers so that others can not have ready contact with them (Gray, Culter, Dean, Kempe, 1979). Feeling alone, overwhelmed, and without sources of relief, the abusive parent is overcome by the pressures of parenting and the smallest crisis may create a high-risk situation for the child (Speight, 1989). The abusive parent may unload the pressures of his/her stress on the child. The neglectful parent may become so depressed and self-involved that he/she blocks out the child's needs or existence leaving the child's needs unattended (Sarason, Sarason, Shearin, 1986).

Children in certain age groups or developmental

stages also are very vulnerable to the effects of family moves. Moving may cause many disruptions in daily living patterns, social connections, and painful reminders that something necessary for comfort is not available anymore (Nir and Eagle, 1970).

Financial problems or unemployment of the parents may increase psychological and physical stress in families. When the parents worry unduly about basic needs such as housing, clothing and meals for their families, the children may be at risk for abuse or neglect (Bronfenbrenner, 1986). Unemployed parents may become depressed, unable to meet the needs of the child, and may express their angry feelings toward the child (Krugamn, Lenherr, Betz, Fryer, 1986).

The number of one-parent families continues to increase. This is because the divorce rate continues to climb and the children tend to be living with and supported by one parent who is usually the mother (Kerr, 1983). This is also due to the increased number of unmarried single mothers who usually are in the age range of 15 to 19 years (Eichler, 1983). These parents require support from families and continued input from other people. Teenage single mothers may become neglectful or abusive to their children when they lack accurate information about child development and support from the social network. One-parent families tend to experience

more stress in general than two-parent families (Weinraub and Wolf, 1983).

Some abusive parents were poorly parented as children themselves and were not provided with a good model of parenting. Because of deprivation in his/her own early life, a parent is unable to fully attach to his/her new baby and provide adequate empathic care. These parents bring up an emotionally deprived baby who will grow up to be a parent who attaches poorly and cannot provide empathic care. So the cycle tends to repeat itself from generation to generation (Steele, 1983).

Some attributes of the child may also make him more difficult to care for (e.g. the child who is colicky, fretful, physically or mentally handicapped etc.) When the parents already have difficulty adjusting to a stressful environment, this child is at greater risk for abuse than a normal, more compliant, and adaptive child (Martin, 1976). Respite for the parents may help to relieve some of their tensions and prevent child abuse.

One of the causes of child abuse and neglect is that parents lack crisis management skills. When the families are in a crisis situation the children become at risk for abuse and neglect. Providing the families with respite services so the parents can have an opportunity to deal with the crisis and the children can reside in a safe environment could help prevent child abuse and neglect.

By providing provideing emergency services for families and allowing children to be admitted at any time of the day or night. The crisis nursery can help to decrease stress for families.

There are also cultural differences in child rearing practices as well as concepts about child abuse and neglect. These cultural factors shape family life. Family disorganization can be affected by cultural traditions or their absence. For example the role of parents in an urban or rural American Indian family is different than that of a "typical" middle class family of European ancestry. The upbringing of Indian children is shared among relatives of several generations. The biological parents may not be with the child all the time but this is not considered to be neglectful (Ho, 1987). An understanding of the cultural context of family life and a consideration of the behaviour of the parents should be respected (Korbin, 1980). The stress of the parents in adjusting to a new environment when moving away from their extended families may put the child at risk for abuse or neglect (Geismar, 1978). However, the child's physical and psychological needs can be met by other family members even if the caregivers are not the biological parents. The basic needs of a child are similar in all cultures although the approaches to meeting these needs may be different (Cantwell, 1982).

A large number of abusing parents can be helped so they no longer physically punish their children. There are needs for both short-term help, such as a hotline for parents when they find themselves losing control, or an around-the-clock crisis nursery where parents in need of a few hours' peace can drop off their children; and long-term help, such as individual and family therapy, a home worker, or lay therapist assigned to the family (Curtis, 1977, Kempe and Kempe, 1978).

Community-based respite care is one of the major methods of providing short-term help for parents. Emergency and crisis-oriented child care is particulary crucial in preventing child abuse (Subramanian, 1985). The crisis nursery provides services 24 hours a day and 7 days a week. It provides immediate assistance to parents in times of stress and provides a safe environment for the child at times when the chances of physical abuse are greatest (McAuiston, 1976). The crisis nursery is a non-threatening source of help for parents (Beezley and McQuiston, 1977). Abusive parents can learn to accept and use help from an outside agency in stressful moments when it is in the child's best interests to be briefly separated. The parents and children can deal with psychological stresses at the time of crisis and the parents do not feel threatened by using the centre (Cohn, 1983). The centre provides an environment for the child

wherein he can explore and learn. It can help families to secure medical, dental, mental health services, etc., and it can provide social and emotional support for the family (Shier and Brazier, 1982). Research shows that parents do not misuse such centres as temporary baby sitting services but they only seek services when there are crises (Alexander, 1980).

In summary, the literature review generally indicates the importance of child crisis centres. They can provide essential respite services for families whose children require care for a short period of time. This service also helps to prevent child abuse and neglect in the family and provides a safe environment for children.

The literature reveals many causes of the problem. The families may be in an overly taxing stressful situation and their children may be at risk. The families may be having major life event changes. The families may be very mobile and do not have the support they need. Financial problems or unemployment of parents may increase psychological and physical stress in families. One-parent families may not have the support they require. Some children are handicapped and difficult to look after. There may be cultural differences in child rearing. Some parents were abused themselves as children and do not have appropriate resources to work with their own children.

The literature in general shows that Child Crisis

Centres need staff members who have information about child development, knowledge about child abuse and neglect, and experience working with children. With this kind of educational background and working experience, staff members can provide more suitable programs for special needs children.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

It was planned that the staff members of the Child Crisis Centre would provide more appropriate care for their clients.

The development of in-service training for staff members of the Child Crisis Centre was very important from the standpoints of both appropriate information and implementation. The first objective of this practicum was that the staff members of the Child Crisis Centre would learn more about children who were in stressful situations (see Appendices A, C, E, and G). The second objective was that the staff members of the Child Crisis Centre would more readily recognize the child behaviours which needed special attention (see Appendices B, D, F, and H). The third objective was that the staff members of the centre would implement appropriate play programs for their clients (see Appendices C, E, G, I and J). The fourth

objective was that the staff members of the centre would provide an understanding and warm atmosphere for the children (see Appendice B).

It was expected that this staff in-service training would result in better informed staff members who in turn would provide better services and appropriate care for their clients who had special needs.

Behavioural Objectives

The staff members of the Child Crisis Centre participated in written exercises in the form of multiple choice questions. The first goal was measured by exercises which were given to the staff members at each session of the in-service training. These exercises were multiple choice questions (see Appendices A, D, F, and H).

The second goal was measured by logs which were completed by the staff members at their work settings. One month after each training session, an informal interview was held with each staff member to assess whether they recognized any children whose behaviours were presented in the training sessions (see Appendices C, E, G, I and J).

The third goal was measured by logs which were filled out by the staff members at their work settings. One month after each training session, an informal interview

was held with each staff member to assess the extent to which they implemented suitable play programs according to standards listing each child's developmental level (Fischer and Lazerson, 1984) (see Appendices C, E, G, I and J).

The fourth goal was measured by a check list which was used by the writer as she observed the staff members at the centre. This measured the extent to which they provided understanding attitudes toward the children and also provided a warm atmosphere for them (see Appendix B).

Measurement of Objectivies

An analysis of the literature relevant to child crisis centres and the training processes for staff members showed that such training tended to improve the knowledge of staff members and also enhanced their performance with the children. Therefore, the following specific objectives were chosen for this Practicum.

1. Eight out of twelve staff members would correctly answer at least 60% of the multiple choice questions.
2. Eight out of twelve staff members would recognize three out of five types of children's behaviour which were presented at the training session.

3. Eight out of twelve staff members would implement five appropriate play programs according toprinciples presented at the training sessions.
4. Eight out of twelve staff members would complete 60% of the behavioural check list items as observed by the writer.

To assess whether the objectives had been accomplished, there were to be multiple choice questions for the staff members to complete at each of the four training sessions. The results would provided information as to whether the staff members had gained knowledge. There also were to be the logs for the staff members to complete at their work settings. The results would provide information as to whether the staff members were able to apply the knowledge to the work environment. The writer also would observed the staff members' behaviour toward the clients and keep a check list of this.

Multiple choice questions were to be used to measure the amount of information staff members gained from the in-service training sessions. The logs were to be completed by staff members in their work settings to measure how many times they recognized certain types of children's behaviour and to what extent they provided the appropriate play program for them. A check list was to be used for the observation of the staff members interaction with the clients.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solution

A number of possible solutions were gleaned from the literature. The Crisis Nursery at the National Centre for the Prevention and Treatment of Child Abuse and Neglect reports that continuing in-service training for staff members is essential. The children who receive services from the crisis nursery usually have a background of being abused or neglected. They are children with special needs but they only stay at the crisis nursery for such a short period of time (not more than three days) that the staff members have to recognize the needs of the children, refer them to other agencies and provide programming for them immediately. Special training programs are needed for the workers to assist them with the problems of caring for abused and neglected children. These training programs should be geared to the individual interests and backgrounds of workers and can be run as short-term seminars, in-service programs or extended fellowships

(Helfer, 1972). The training provides the workers with information regarding the behavioural characteristics of abused and neglected children (Bean, 1971). In-service training can provide the workers with up-dated information and show them how to apply this information in the work setting (Helfer and Schmidt, 1976). The activities in the crisis nursery which are introduced to the child must suit his/her needs and appropriate play activity can be a critical factor in helping children in crisis.

Staff members also should recognize that children may have severe emotional disturbances and behaviour problems which require understanding and skillful handling (Deith, 1987). The results of the Child Abuse and Neglect Training Program for Child Care Workers in southern Pennsylvania showed that staff members in day care programs who participated in training were more significantly involved in prevention activities and high risk referrals. They had increased contact with parents and involved the parents in more prevention programs. The staff members established referral protocols between child protective service agencies and day care programs for the exchange of child abuse and neglect information. They also developed more appropriate programs for abused children (Barber-Madder, 1983).

The staff training at the Frank Porter Graham Child Development Centre, University of North Carolina,

emphasizes the development of play skills of children. The care givers use more verbal and nonverbal directives and responses in the children's play period and meal times which help children increase their use of play to express their feelings (Gowen, 1987).

The staff members of the Respite/Emergency Crisis Centre in Madison, Wisconsin feel that there can not be too much in-service training for staff members. This is because their clients have such intense and specialized needs. The staff members participate regularly in formal and informal workshops with other community agencies and share ideas and suggestions. They continue to provide the children with appropriate programs and care, and also provide services to the parents; however, good training of the staff members is essential to assure that the children and parents will receive appropriate services (Franz, 1980).

A staff development project at Christie School, Michigan, a residential centre with a capacity for 38 emotionally disturbed children showed that the staff members gained information in the areas of child abuse and neglect, and had better understanding of the children by setting short term and long term plans for each individual child for his special needs. The children have progressed within the planned programs (Krenk, 1984).

There are staff training programs in the area of

child abuse and neglect for child care givers who have direct contact with children. The care givers who work with preschoolers should be well informed about child abuse and neglect and become an important community resource (Lero and Rijcke-Lollis, 1980). These training programs provide information for the workers so they become more aware of the behaviour of children who have been abused and neglected, and also gain knowledge to help these children in the play environment (Scavo, 1982).

There are many pertinent approaches to the problem: 1. Having short-term seminars, formal workshops, or in-service training for the staff members of the Child Crisis Centre. 2. Having topics in the areas of the behavioural characteristics of abused and neglected children for staff members. 3. Having topics in the area of child development for the staff members. 4. Providing up-dated information and showing them how to apply this information in the work setting.

There are common characteristics of abused and neglected children. Many of these children will exhibit delayed or inappropriate development. Some reports have suggested that impaired growth can be a psychosomatic disorder or a result of deprivation from appropriate maternal affection (Martin, 1972). These children have some speech and motor delays, repressed curiosity and a lack of skill for social interactions. Delays in motor

development occur in infants who are left in cribs with limited opportunity for movement, and delays in speech occur in toddlers who are not spoken to. These children may also have difficulties in perceptual differentiation, task completion, representational thinking, and cognitive receptivity (Cochren and Brassard, 1979).

Some abused and neglected children may exhibit a lack of capacity to play freely, to laugh and to enjoy themselves in an uninhibited fashion. They do not complain when they are frustrated or tired. They participate in activities when requested, but doing them is a chore to be accomplished (Martin and Beezley, 1977).

Some of the abused and neglected children may show withdrawn behaviour. They do not participate in any group activities. They tend to be inattentive, uncooperative and express extreme fear when in contact with adults (Winzer, Rogow, David, 1987). They tend to be loners, showing a lack of interest in or knowledge about appropriate peer relationships. They show minimal or no response to praise and little response to limits and controls. They respond negatively to friendly overtures. They show a marked apathy to toys and situations which typically interest their age groups (George and Main, 1979).

Some abused and neglected children may be very active and aggressive. They have a low tolerance for frustration

and become aggressive and destructive. They tend to throw temper tantrums, are disruptive and exhibit socially inappropriate behaviour (Garmezy, Masten, Tellegen, 1984). Some are found to have less competent peer interactions, and they require supervision and guidance in group activities (Howes and Espinosa, 1985). When a group of abused and neglected children are together they appear to stimulate one another in aggressive behaviour and respond to each other negatively. They show fear and anger with physical attacks but they alternately attack and attempt to comfort peers who are in stress (Main and George, 1985).

Some abused and neglected children are unusually sensitive to their surroundings. They scan for cues and read the moods of the people about them. They seem to be alert all the time to their environment and appear to be wary of external danger. They avoid persons who make friendly overtures and they also avoid contact with others (Elkind, 1981).

Some children relate quickly to adults, but superficially and indiscriminately. They constantly search out the reactions of adults to their behaviour and they also constantly search for tangible offerings from people such as food, favours, services, etc. They greet their parents fondly and maintain some form of intense attachment to parents who abuse them (Steele, 1983).

Staff members at child crisis centres should become more aware and knowledgeable about the behaviours of children who have been abused and neglected. This will assist the staff members to refer these children to appropriate professional services as soon as possible so that the children can receive treatments immediately. However, when the child is in care at the child crisis centre, the staff members have to provide basic and general programs to help the child to adjust to the environment before other agencies can become involved.

Staff members of the child crisis centres will require continuing in-service training because the children they work with have such intense and specialized needs (Franz, 1980). These children behave differently from one another because of their various situations and individual characteristics. The staff members must acknowledge, respect and deal with these children. The staff members should explain the situation to the child in simple terms, assure the child and build up the child's confidence.

The activities and scheduling at the child crisis centre should be predictable and consistent. Transitions are characteristically difficult for young children and especially for children in crisis. They feel more secure when they know about routines ahead of time (Hackney, 1984). The activities and materials introduced to

children should suit their needs and help them in the crisis situation.

Play is a major medium for development during the preschool years. Play programs are part of the scheduling of the child crisis centre because of the rich opportunity it provides for addressing a wide spectrum of needs within a relaxed atmosphere. An appropriate play experience can help to express and resolve emotional conflict and promote mastery and self-esteem (Ferguson and Larsen, 1987).

Material and play areas can be arranged to enhance their appropriate use by children in the child crisis centre. A housekeeping or doll play area often can aid the child in working out some of his/her familial conflicts. The staff members encourage the child to verbalize his/her feelings through play which helps the child to express his/her feelings appropriately and also assists the staff members to gain information helpful in their work with the child. For children who are aggressive and express their feelings with physical actions, the staff members use materials such as punching bags, pillows, etc. for the children to act out their feelings; or the staff members suggest that the children do gross motor activities such as running, jumping, etc. These activities help the children to release their tensions and then the staff members assist them to express their feelings verbally (Gowen, 1987).

The staff members should respect children who want privacy. Withdrawn children take a long period of time to adjust to new environments and become comfortable with new people. A quiet corner such as a book corner where there are soft pillows, and rocking chairs can enhance their adjustment. They can then gradually relax and begin to play in the new surroundings (Franz, 1980).

Abused and neglected children seldom have appropriate stimulation for their cognitive and emotional development. The staff members can provide activities such as block play, puzzles, games, water play, art activities, etc. which give the children the opportunity to explore and be exposed to different activities (Barber-Madden, 1983).

Description of Selected Solutions

Results from the discussion with the management of the Child Crisis Centre indicated that the staff members who were working at the centre had not had prior experience in this kind of work setting. These staff members needed information in the areas of child behaviour and development, and the use of basic play therapy to help children express their feelings. The in-service training presented the general behaviours of children who had been abused and neglected and different activities for these

individuals. Included in the in-service training were the problems of aggressive behaviour, withdrawn behaviour, developmentally delayed behaviour, uncooperative behaviour, indifferent behaviour, etc. Staff members used play areas such as a house-keeping centre, book corner, art tables etc. to help the children to relax and adjust to the environment during the period they stayed at the centre. The topics covered only preschool age children because school age children were attending school and had services from the school.

The in-service training program provided the staff members with updated information and showed them how to apply this information in their work setting. The training also provided opportunities for the staff members to have continual feedback and discussion regarding their programming with clients. This improved the staff morale and thereby reduced staff turnover rates. The improved atmosphere also made it easier to hire new staff when this became necessary.

Report of Action Taken

The child crisis centre has been operating for seven months now. There was a month of preparation before the centre began the provision of services for children. The staff members had painted the centre, checked the

equipment, helped with the fund raising, etc. They were highly motivated and enthusiastic about the program. However, most of the staff members did not have working experience in child care areas. The discussions and questions at the first in-service training session were mostly based on their personal experiences. The staff members are enthusiastic about the program. There have been a few changes during the last eight months, however, the basic programming is the same.

Thirteen staff members attended the first session and twelve attended the other sessions. Multiple choice questions were completed by the staff members at each of the four training sessions. The answers were discussed at the same session so the staff members could ask questions when they wanted more information about the topic.

The first session of the in-service training was on the topic of children whose behaviours are active and aggressive. The basic characteristics of these children are low tolerance for frustration; destructiveness; tendency to throw temper tantrums; disruptiveness; aggressiveness; anger accompanied by physical attacks and socially inappropriate behaviours. These characteristics were described to the staff members and the responses of the staff members were discussed. These responses included such things as making sure the child is not physically hurting himself\herself or others; providing

play materials such as a punching bag for the child to act out his\her feelings; allowing running, jumping and yelling in the play ground when appropriate; providing positive reinforcement; assisting the child to express his\her feelings verbally; smiling and speaking in a normal tone of voice and providing positive physical contacts.

The second session of the in-service training was on the topic of children who were withdrawn. The behaviours of withdrawn children were presented including such things as not participating in any activities; inattentiveness; not being cooperative; expressing extreme fear when in contact with adults; showing lack of interest in or knowledge about peer relationships; minimal or no response to praise and directions and apathy to toys and situations. The appropriate responses of staff members which were discussed included such things as showing the child the play areas especially the quiet corner; allowing the child to take time to adjust to the environment; providing positive reinforcement; encouraging the child to express his\her feelings verbally; smiling and speaking in a normal tone of voice and providing positive physical contact.

The topic of developmentally delayed children was presented at the third session of the in-service training. The following behaviours of developmentally delayed

children were described: delay in motor development; delay in speech development; difficulty in perceptual differentiation; short attention span; overall delay and inappropriate use of toys and other play materials. The recommended responses of staff members included such things as providing the child with toys which have simple functions; providing the child with modelling and verbal instructions for toys and play materials; encouraging the child to explore play areas and providing positive reinforcement.

The topic of children who were unusually sensitive to their environment was presented at the fourth session of the in-service training. The following behaviour of these children was described: seem to be alert all the time; appear to be wary of external danger; avoid contact with others; and avoid people who are friendly. The topic of children who were overly friendly to all adults without discrimination was also presented at the same session. The following behaviour of these children was described: relate to adults too quickly; constantly observe adult reactions to their behaviour; constantly ask for tangible offerings; and are overly attached to their parents. The appropriate responses from staff members included the encouragement of children to explore the play areas and use the play materials; instructing them in different activities; encouraging them to make choices at play time;

and providing them with positive reinforcement.

The writer visited the centre during different periods of the day with no advance notice to the centre staff members. One day, the writer went to the centre at supper time. The writer walked through the front door and heard that a staff member was talking to the children in the kitchen. It was so quiet that the writer guessed the staff members were having supper with four or five children. Instead, there were fifteen children from four families whose ages were from six months to nine years. They were well behaved.

After supper, the oldest girl offered to help clean up and the others went to the playroom. After the kitchen was tidyed, the school aged children did their homework at the kitchen table. At bathing time, one staff member bathed the younger children and the older ones did so themselves. They watched television and relaxed when waiting for their turns.

At bed time, a three year old girl asked to sleep with her six year old sister. The staff member fixed the bed for them. The children went to bed quietly.

The writer talked to the staff members later. The native children were relaxed and adjusted to the new environment quickly. This was because native families are very mobile and the children are used to staying with different relatives and friends. When they get to know

the routines and expectations from them, they tend to adapt quickly to new settings.

One day, the writer visited the centre during the afternoon. The weather was very cold. There were six children from one to four years old. The three older children were restless because they had not been outside to play. When the temperature had warmed up in the afternoon, one staff member stayed with the two younger children indoors and a staff member took the four older ones who were completely dressed out to the playground. A three year old boy threw up his arms, screamed as loud as he could and ran around the play ground until he was out of breath. Everyone were moving around doing things. The group went back indoors after approximately half an hour. Following this activity, the children seemed much more relaxed.

After the centre had been opened and the staff members had an opportunity to work with different children, their discussion and questions at the in-service training became focussed upon their clients. At the fourth in-service training session, the staff members asked questions about actual incidents with their clients and they also discussed the different behaviours of the children. They showed an improvement in their program planning. They became more aware of the children's behaviours. They stated that they had become attached to

different children.

The staff members have noticed that the regular daily routines are very important for the children. Staff members tell the children in advance about what each activity will entail so they know what to expect. This helps the children become more relaxed and they feel more secure in their new environmnet.

Initially, the staff members had planned many activities for the children, but subsequent observations indicated that the children became overly stimulated from prolonged contact with adults. This was because many of these children came from homes with minimal stimulation from adults and few resources for play activities. The children appeared to become more relaxed when they could watch television for an hour in the evening before bed time. For most of the children watching television is the activity that they are most used to doing at home.

The behaviour of the children has been better than the staff members expected. There were children who were aggressive, withdrawn, developmentally delayed, eager to please, etc. but none of the cases were so extreme that the staff members could not work with them effectively.

There are families who are in need of the services of the child crisis centre but who are not utilizing it. This is because most of these families are already involved with Family Services of the Department of Social

Services. They feel that by using the child crisis centre, they would be admitting that they are having family difficulties. Such an admission may lead to Family Services apprehending their children. The families whose children are getting the services now from the centre are not the ones who feel threatened by this. The Child Crisis Centre is a new service in this area. It will take time for the centre to build up a reputation and acquire trust from the community. This develops by "word of mouth" as families use the facility and later share their experiences with acquaintances.

The director of the Child Crisis Centre has continual contact with other community agencies. The staff members provide information about other community agencies to families when this is required. The director will refer children to other appropriate services with permission from the parents or guidance when indicated.

Being on a shift schedule, the staff members do not meet with all the children who have been utilizing the services. The time of the children's stay at the centre varies from a few hours to a maximum of three days except for several special cases. The shifts of the staff members are either twelve or eight hours. However, the note books of the staff members contain adequate information about the children and their families.

The Child Crisis Centre six month report (Appendix L)

prepared by the director shows that the centre is definitely meeting some of the needs of this community as indicated by the number of children and families who have utilized the centre. It also provides information about the situations of families who require emergency services from the centre.

All the staff members from the Child Crisis Centre attended the in-service training sessions. Some staff members resigned and new personnel replaced them. The new ones have had informal training sessions with the writer in order that they have the same information as the other staff members. Staff members completed the multiple choice questions at the end of each in-service training session and the correct answers were discussed after they completed the questions.

CHAPTER V

RESULTS, CONCLUSIONS, RECOMMENDATIONS AND DISSEMINATION

Results

The first objective of this practicum was to show that eight out of twelve staff members would correctly answer at least 60% of the multiple choice questions.

The results of Exercise I demonstrated that eleven out of thirteen staff members scored at least 75% on the multiple choice questions. The following Table 2 showes the results for Exercise I:

Table 2

Results for Exercise I

	Question Item	Number of Staff Members Answering Correctly
1.	The behaviours of aggressive children	13
2.	The social behaviours of aggressive children	13
3.	Aggressive children at play period	12
4.	Responses from staff members	12

The results of Exercise II showed that ten out of twelve staff members scored at least 75% on the multiple choice questions. The following Table 3 shows the results for Exercise II:

Table 3

Results for Exercise II

	Question Item	Number of Staff Members Answering Correctly
1.	The behaviours of withdrawn children	11
2.	The social behaviours of the withdrawn children	12
3.	Withdrawn children at play period	11
4.	Responses from staff members	12

The results of Exercise III showed that nine out of twelve staff members chose the correct answers to 75% of the multiple choice questions. The following Table 4 shows the results for Exercise III:

Table 4

Results for Exercise III

	Question Item	Number of Staff Members Answering Correctly
1.	The behaviours of developmentally delayed children	11
2.	The social behaviours of developmentally delayed children	11
3.	Developmentally delayed children at play period	11
4.	Responses from staff members	12

The results of Exercise IV showed that one out of twelve staff members chose the correct answers to 60% of the multiple choice questions and three out of twelve staff members scored at least 80% on the multiple choice questions. The following Table 5 shows the results for Exercise IV:

Table 5

Results for Exercise IV

	Question Item	Number of Staff Members Answering Correctly
1.	The behaviours of unusually sensitive children	11
2.	The social behaviour of unusually sensitive children	10
3.	The behaviours of non-discriminating children	11
4.	The social behaviour of non-discriminating children	11
5.	Responses from staff members	12

From the above tables it can be concluded that for the first objective (staff members would respond correctly to the multiple choice questions) the results were better than expected.

The second objective was that eight out of twelve staff members would recognize three out of five types of children's behaviour which were presented at the training session.

The children's stay at the centre varied from a few hours to not more than three days. The staff members did not have a chance to meet with all of them when the staff members were on a shift schedule. All the staff members recognized children whose behaviours were withdrawn, developmentally delayed, and non-discriminating with adults. Ten out of twelve staff members noticed the children who were very active and aggressive. Six out of twelve staff members identified children who were overly sensitive to their environment. The following Table 6 shows the summary of data about the staff members who recognized children with different behaviours which were presented in the in-service training sessions:

Table 6

Summary of data on staff members who recognized the types of children's behaviour which were presented a the training session from their clients.

	Behaviours	Number of staff member
1.	Children who were active and aggressive.	10
2.	Children who were withdrawn.	12
3.	Children who were Developmentally delayed.	12
4.	Children who were unusually sensitive to their environment.	6
5.	Children who were overly friendly to all adults without discriminating.	12

Ten of the thirteen staff members identified the children who were active and aggressive. All these staff members had implemented appropriate programs for these children. The programs included outdoor activities so that they could be noisy and very active; physically holding the child until he\she calmed down so he\she did not hurt others by throwing objects; talking to the child and helping him\her to express his\her feelings; providing positive reinforcement and speaking in a normal tone of voice.

For example, there was a four year old boy who was aggressive and tended to throw objects when he did not get his way at the beginning of his stay at the centre. The

staff members were consistent in physically holding him so he could not throw objects and hurt other children. They also continually praised him when he behaved appropriately. At the end of his stay, he would hold up an object and scream but he did not throw it. His behaviour had showed progress during his short stay at the centre.

All twelve staff members recognized the behaviour of withdrawn children. They provided appropriate toys for these children; talked to them in advance about each activity; gave them time to adjust to the environment; and gained information from their parents about their likes and dislikes for their meals and sleeping habits.

For example, there was a pair of two and a half year old twin boys whose mother had to be hospitalized for an emergency operation. The boys were very withdrawn for the first two days. They cried constantly and would not let each other out of their sight. They did not show an interest in toys and food. They did not pay any attention to the other children. They woke up during the night and slept restlessly. The staff members talked to the boys gently. They smiled at them when they were more relaxed. They clapped hands and praised them when they consumed their meals. The boys got to know the daily routines and the staff members. They became more relaxed by the third day. They could not go home as planned because their

mother had complications from her operation and they had to stay at the centre for another four days. At the end of their stay at the centre, they had a better appetite and slept more restfully. They actually smiled at the staff members during the last day of their stay. However, they were still tense when there were other children around them.

All the staff members identified the developmentally delayed children. The children recognized as being delayed were mostly having speech and language problems. The staff members noticed these children quickly because they had difficulty understanding their speech. The staff members responded by repeating what the child said sometimes when they were not sure so they could have feedback from the child. The staff members also used gestures to assist in their communication with the child. When a staff member noticed the pattern of the child's speech, such as saying "ing" instead of "drink", he\she passed this information to the other staff member so the child could be understood easier. The child was encouraged and praised when he\she spoke slowly and repeated himself\herself when requested. Six staff members also identified a child who was delayed overall. They provided the child with toys which had simple functions and modelled the toys and play materials for the child.

For example, there was a four year old boy who was developmentally delayed. He came to the centre on two different occasions so all staff members eventually had an opportunity to work with him. The boy followed directions and enjoyed participating in different activities. The staff members noticed that he could not accomplish tasks with his peers. They set up similiar activities for him and provided him with more assistance. They praised him when he completed a task. He had been accepted as one of the group by the other children.

All staff members recognized children who were non-discriminating with adults. These children continuously tried to ask for tangible offerings. They became helpful and did tasks for staff members. After the chores, they always asked for food or certain toys which they wanted to take home with them. The staff members encouraged the children to explore the play area and use the toys or other play materials. They showed them the art and craft activities. They praised them and hugged them continuously without giving them tangible rewards.

For example, there was a five year old girl who was very friendly. On the first two days, she asked to do chores for staff members. She smiled and followed cdirections readily. She requested extra food at meal times and snack times. She gave hugs to staff members and asked if she could take certain toys home with her. When

told no, she quietly put the toy down. She was very observant of the environment; she asked staff members several times about punishment and saw that the other children did not get a spanking which she felt they deserved. On the third day, she told the staff members that they did not hit children and she did not need to listen to them. She yelled at other children. She did not wait for her turn for activities and she refused to go to bed at bed time. She screamed and ran around the bed rooms. She was held for a long period of time before she became relaxed. She went to bed quietly. When her mother picked her up next morning, she asked her mother if she could stay at the centre for a few more days. She quietly left with her mother after being told to do so.

Six of the twelve staff members noticed children who were unusually sensitive to their environment. They seemed to be alert all the time; appeared to be wary of external danger; avoided contact with others; and avoided people being friendly. The staff members provided encouragement to these children to explore the play area and play materials; instructing them in different activities. They also gave them positive reinforcement for their appropriate behaviours.

For example, there was a four year old girl. When she first entered the play room she stood in a corner of the room and watched the others' activities. She did not

respond to the invitation to the toys from the staff member. After a while, she cautiously moved to the book shelf. She looked at a book but also continued watching others. When a child walked close to her she immediately moved away. She followed the centre's routine quietly. She always waited and watched the activities of the other children before she would participate. The staff members talked and smiled at her from a distance. She eventually took part in some activities after the staff member purposively did not give her close individual attention. However, she still avoided contact with other children.

The staff members had recognized the types of children's behaviour better than expected after the training sessions.

The third objective was that eight out of twelve staff members would implement five appropriate play programs according to principles presented at the training sessions.

All staff members had implemented at least five appropriate play activities for the children. The summary of the play programs are as follows in Table 7:

Table 7

Summary of play programs that the staff members implemented for the children.

	Play Programs	Number of staff member
1.	Circle time - music and story	12
2.	Art activities - painting, drawing, etc.	12
3.	Craft activities - cutting, pasting, etc.	12
4.	Group program - cooking, etc.	12
5.	Playroom activities - toys, puzzles, games, etc.	12

All staff members implemented at least five appropriate play programs for the children. When the centre began to provide services for the children, the staff members changed the programming continuously according to the needs of the children. Gradually, a general basic program was set up in light of the reactions of the children and observations by the staff members. The staff members gained experience during these months.They had implemented at least five appropriate play programs for the children and they also became more sensitive to the needs of the children.

The staff members had music and story times for different age groups. The older children were welcome to join the younger children's circle time but were told that they had to let the younger ones participate first. For the older children, when they had their circle time, the

staff members made sure that the younger ones were busy doing other activities and did not disturb the circle activities.

For art and craft activities, the staff members set up different materials for the children. The staff members encouraged the older ones to try to do the activities by themselves but helped the younger ones or the ones who needed assistance. The final products were put up on the wall but the children could take them home when they left.

For group activities, such as making cookies, the older children did the measuring of the ingredients and the younger ones poured them in the bowl. The older ones used cookie cutters and decorated their cookies and the younger ones imitated the older ones.

In the playroom, toys were set up for children from two years up to school age. The infants had their own playroom. The toys for the older children were set up higher and the toys for the younger ones were set for them to reach easily. When the younger children took a toy which was too complicated for them, the staff members redirected their activities. For example, a two year old child got the small lego toy. The staff members gave him the large size lego instead.

The staff members had implemented at least five appropriate play activities according to principles

presented at the training sessions.

The fourth objective was that eight out of twelve staff members would complete 60% of the check list which was observed by the writer. The summary of the staff members' behaviours towards the children at the centre is as follows in Table 8:

Table 8

Summary of the staff members' behaviours.

	Staff members' behaviours	Number of staff member
1.	Provide positive reinforcement	12
2.	Provide positive physical contacts	12
3.	Smile and be positive	12
4.	Speak in a normal tone of voice	12
5.	Have eye-contact with the children	12
6.	Be reassuring	12
7.	Provide children with appropriate and varied activities	12
8.	Give directions which are easy for the children to understand and follow	12
9.	Plan activities which are appropriate for the children's development level	12
10.	Organize the activities according to the daily routines	12

The staff members development of appropriate behaviours toward the children involved a gradual training process. When the staff members became more aware of how their behaviour could influence the children, they also became more conscious of how to exhibit proper behaviour to the children. There were situations in which the staff members were not sure if they had responded correctly. By discussions with and suggestions from the writer and their director, they improved quickly in this area.

After the centre has been providing services to the children for six months, all staff members at the Child Crisis Centre provided an understanding and warm atmosphere for the children. From the observations of the writer, the staff members have continued to gain experience in working with the children. They became more sensitive to the needs of the children. They reacted quickly to the children's behaviours.

All staff members provided positive reinforcements to the children in different areas, such as playing with toys or crafts, helping with chores, getting dressed, etc. The staff members provided positive physical contacts with the children by hugging them, gently patting on their shoulders, etc. The staff members smiled and were positive when the children were anxious and uncertain. The staff members always spoke in a normal tone of voice. This helped the children to speak in their normal tone of

voice. The staff members had eye-contact with the children. Some of the children avoided close contacts with the staff members, but they received reassurance from the staff members at a distance that was acceptable to them.

The children engaged in appropriate and varied activities throughout the day. The children received directions which were easy to understand and follow from the staff members. The children were provided activities which were appropriate for their developmental level. The children had programming in accordance with the daily routines.

From the results of the answer to the multiple choice questions at the in-service training sessions, the reports from the staff members who recognized the children's behaviours which were presented at the training sessions, the play programs the staff members implemented for the children and the behaviour of the staff members, it was concluded that the objectives of this Practicum were reached. The staff members had improved their knowledge and enhanced their performance with the children.

Conclusion

The Child Crisis Centre was a recently established service in this area. A survey was conducted before the

opening of the centre and this indicated the need for this service. Since the facility was opened, the large number of children and families using the service also attest to the need for such a facility.

Most of the staff members had training in the child care area but did not have working experience, however, they were enthusiastic and willing to expand their knowledge while working with children. The staff members showed great improvement in the last seven months in all areas of the centre's functions.

During the last seven months, the staff members not only had in-service training with the writer in the area of the children's behaviour. Staff members also received training in the areas of communication skills, interviewing techniques, child abuse, centre management, etc. from the director. These combined training experiences gave the staff members a general over view of the running of the centre and heightened their awareness of the importance of the program.

Feedback from the staff members was positive. They felt that the information from the in-service training sessions had increased their awareness of their clients and thus enhanced their effectiveness in working with them. Their new knowledge heightened their sensitivities when they planned programs for the children at the centre. As a result of the training with the writer and the

director of the centre, the staff members felt that their performance had improved and they became more confident in themselves.

Another unexpected outcome that occured was that staff members expressed a need for regular in-service training on a continuing basis. Staff members felt that having continued updated information helped them in their future work with the children.

Positive feedback from other community agencies in the area also demonstrated that the child crisis centre provided essential services for the area even after such a short period of operation. Positive feedback from the children and families also indicated that the services were crucial for them when they required such services.

Recommendation

The in-service training of the staff members at the child crisis centre is now an on-going process. The improvement in the staff members' behaviours and the program during the past seven months has demonstrated the benefits of in-services training. However, the in-service training should become part of a continuing program for staff members.

The staff change over during the last few months because of the adjustment to shift work was unavoidable.

However, the management is aware of the issue and is trying to help the staff members and their families adapt to the shift work schedules.

Dissemination

The writer has contacts with the other child crisis centres in the surrounding areas. Because of budget restrictions, most of the centres can not afford to provide regular staff in-service training, however, they all express an interest in the training program. They stated that it is a necessity for the staff members to develop more awareness of the behaviour of children and how to respond appropriately. One child crisis centre requested the writer to help them develop an in-service training program similar to the writer's program. However, this centre can only schedule staff in-service training twice a year.

Three day care centres in this area have heard of the writer's training program. They expressed an interest in the program and requested the writer to initiate a similar training program for their staff members. They have children who show similar kind of behaviours to these in the writer's training program.

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Exercise I

1. Children who are aggressive:

   a. are destructive
   b. have a low tolerance for frustration
   c. show anger with physical attacks
   d. are disruptive
   e. all of the above
   f. both a and c

2. Aggressive children, socially:

   a. follow directions
   b. are negative towards each other
   c. wait for their turns
   d. always share their toys

3. Aggressive children at play period:

   a. play quietly by themselves
   b. require supervision
   c. need guidance in group activities
   d. all of the above
   e. both b and c

4. Staff members should respond to them by:

   a. making sure the child is not physically hurting himself or others
   b. providing play materials so that aggressive children can express their feelings in an acceptable way
   c. yelling at them to stop the bad behaviour
   d. all of the above
   e. both a and b

APPENDIX B

Check List of Staff Members' Behaviours:

1. Provide positive reinforcement

2. Provide positive physical contacts

3. Smile and be positive

4. Speak in a normal tone of voice

5. Have eye-contact with the children

6. Be reassuring

7. Provide children with appropriate and varied activities

8. Give directions which are easy for the children to understand and follow

9. Plan activities which are appropriate for the children's development level

10. Organize the activities according to the daily routines

Comment:

Log I

Children who are active and aggressive:

a. Behaviour of the child

b. Your responses

c. Outcome

Exercise II

1. Children who are withdrawn:

   a. do not participate in any activities
   b. are inattentive
   c. are cooperative
   d. both a and b
   e. both b and c

2. Withdrawn children socially:

   a. show a lack of interest in other children
   b. have minimal or no response to praise and directions
   c. express fear when in contact with adults
   d. all of the above
   e. both a and c

3. Withdrawn children at play period:

   a. share toys with other children
   b. show no interest in toys for their age level
   c. participate in group activities
   d. wait for their turns

4. Staff members should respond to them by:

   a. showing them the play areas especially the quiet corner
   b. allowing them to take time to adjust to the environment
   c. providing positive reinforcement
   d. all of the above
   e. both a and c

APPENDIX E

Log II

Withdrawn Children:

a. Behaviour of the child

b. Your responses

c. Outcome

Exercise III

1. Children who are developmentally delayed:

   a. are delayed in motor development
   b. are delayed in speech development
   c. have a short attention span for their age level
   d. all of the above
   e. both a and c

2. Developmentally delayed children, socially:

   a. share toys with other children
   b. participate in group activities
   c. have social skills below their age level
   d. interact with other children

3. Developmentally delayed children at play period:

   a. use the play materials inappropriately for their age level
   b. stay in one play area
   c. always follow instructions
   d. explore new play areas

4. Staff members should respond to them by:

   a. providing them toys appropriate to their functional age level
   b. modeling the ways to use the play materials and toys
   c. providing positive reinforcement
   d. all of the above
   e. both a and c

Log III

Developmentally delayed children:

a. Behaviour of the child

b. Your responses

c. Outcome

Exercise IV

1. Children who are unusually sensitive to their environment:

   a. seem to be alert all the time
   b. avoid contact with people
   c. appear to be wary of external danger
   d. all of the above
   e. both a and b

2. Unusually sensitive children, socially and at play period:

   a. are "loners"
   b. do not interact with others
   c. avoid people who are friendly to them
   d. all of the above
   e. both a and c

3. Children who are non-discriminating in their reactions to adults:

   a. relate to adults too quickly
   b. attach to their parents
   c. constantly ask for tangible offerings
   d. all of the above
   e. both b and c

4. Non-discriminateing children socially and at play period:

   a. constantly observe adult reactions to their behaviours
   b. initiate play activities
   c. interact with other children
   d. all of the above
   e. both a and b

5. Staff members should respond to them by:

   a. encouraging them to explore the play areas
   b. instructing them in different activities
   c. encouraging them to make choices at play time
   d. all of the above
   e. both b and c

Log IV

Children who are unusually sensitive to their environment:

a. Behaviour of the child

b. Your responses

c. Outcome

Log V

Children who are non-discriminating in their reaction to adults:

a. Behaviour of the child

b. Your responses

c. Outcome

APPENDIX K

MONTHLY LOG

92

Number of staff members who participated in the in-service training and the follow-up period.

	no. of staff members	comment
First month		
Second month		
Third month		
Fourth month		
Fifth month		
Sixth month		
Seventh month		
Eight month		

CHILD CRISIS CENTRE SIX MONTH REPORT

CHILDREN'S HAVEN CHILD CRISIS CENTRE

2206 1st Ave East, Prince Albert, S6V 2C1

April 9, 1991

Ruth Wong
Early Childhood Psychologist
Public Health
Prince Albert, Sk.

Dear Ruth:

RE: Use of Statistics and Reports for Practicum

As per our verbal agreement, the statistics and reports given to you regarding the Children's Haven Child Crisis Centre by the Director, Nella Hegeman, can be used for your PhD. Practicum assignment.

Your workshops with our staff and the support that you have given the centre prior to and after the opening has been much appreciated by our organization. This letter is to give you permission to use the information for your practicum, and to also thank you for the work you have done with us.

We understand that a copy of your submission will be given to the Director of the Centre, who will share it with the Management Committee and the NCC Board of Directors.

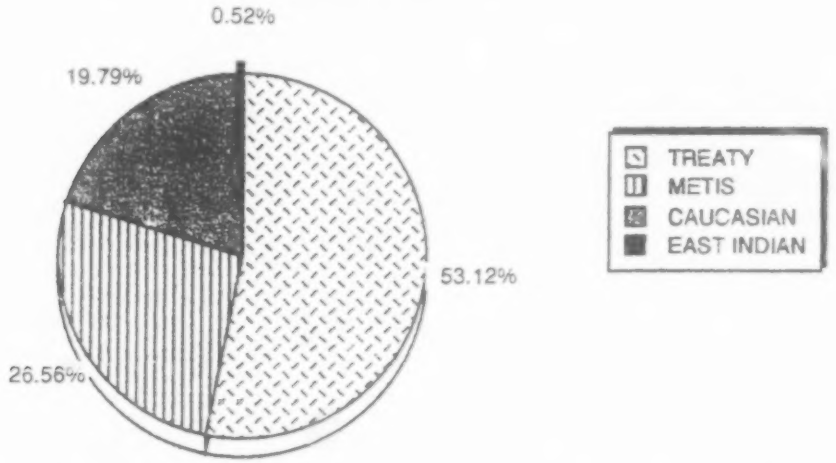
Again, thank you, Ruth.

Sincerely,

Nella Hegeman
Director

cc: Child Crisis Management Committee

Ethnic Origin of [redacted] Clients



[redacted] Child Crisis Centre has had a daily attendance total of **1049** children and 173 families in the first 6 months they have been open. Of these families, 14.5% used the [redacted] more than once. After the third time, the family was involved in an interagency conference regarding their needs. Only two families required such a conference.

The main reason families need our service is health: eg. hospitalization of parent or sibling, serious health impediments of parent(s), father has a heart attack, etc.

The second most common crisis is stress. This includes feelings of anxiety or depression, and many single parent families are in this category, where financial difficulties, loneliness, etc. caused problems with the parent coping.

Family problems is an crisis we also see quite frequently. This includes marital separation, family violence, or severe disharmony that needs to be dealt with and where it is better for the children to be in a safe shelter for a short period of time.

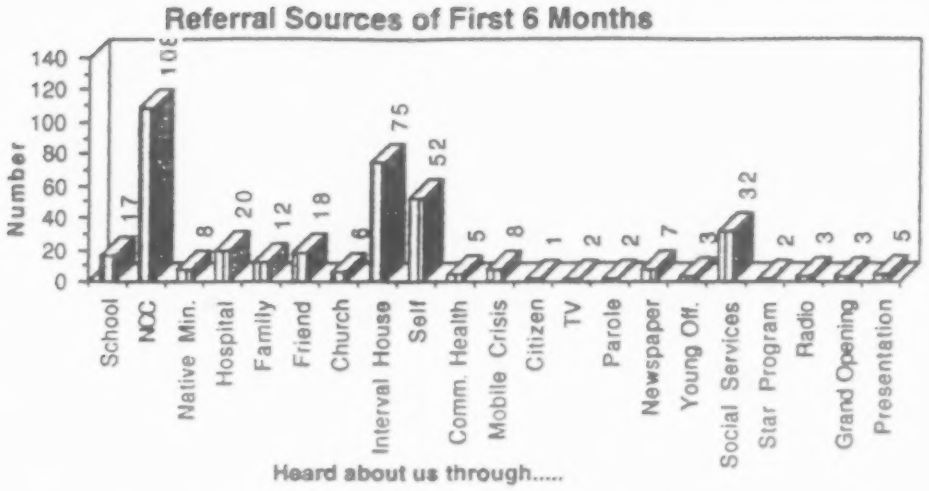
Other types of crisis are:

1. Incarceration of parent, trailer visits;
2. Shift work: problems with sudden shift change and childcare
3. Funeral: parents have to attend a funeral out of town;
4. Substance Abuse: parent needs treatment for substance abuse;
5. Housing Crisis: parent needs to find adequate accommodations;
6. Court: parent has to appear in court;
7. Sitter problems: baby sitter is ill or did not show up;
8. Abandoned: child was lost or where there's a lack of adult supervision
9. Protection: child is in need of protection from someone in their environment.

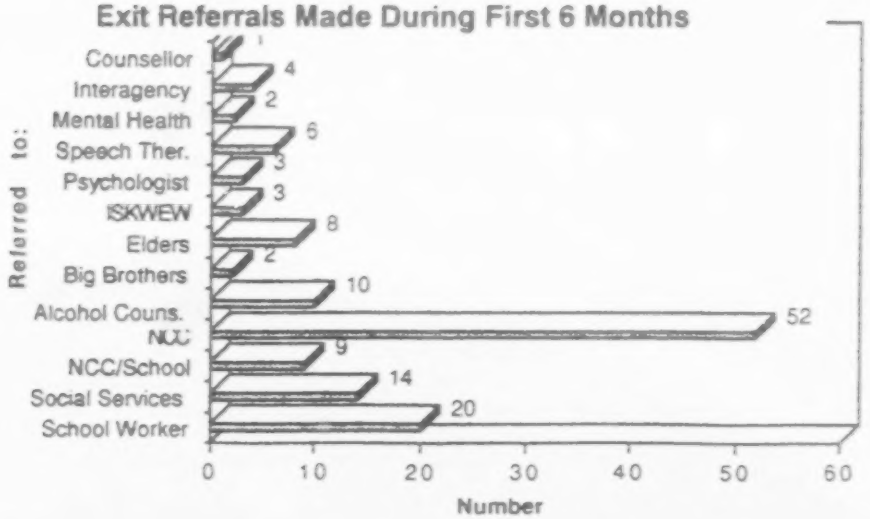
Family size was also an interesting statistic:

a. 1 child.....30%
b. 2 children.....34%
c. 3 children.....22%
d. 4 children.....11%
e. 5 children.....1.5%
f. 6 children.....1.5%

The children fell roughly into 50% school age, and 50% pre-school age. The number of infants was 7% of the total.


Referral Sources of First 6 Months
Number
140
120
100
80
60
40
20
0
17
108
8
20
12
18
6
75
52
5
8
1
2
2
7
3
32
2
3
3
5
School
NCC
Native Min.
Hospital
Family
Friend
Church
Interval House
Self
Comm. Health
Mobile Crisis
Citizen
TV
Parole
Newspaper
Young Off.
Social Services
Star Program
Radio
Grand Opening
Presentation
Heard about us through.....

Types of Family Crisis in First 6 Months
Number
200
100
0
55
13
140
2
16
25
27
15
9
9
68
10
Family Probl.
Incarceration
Health
Shift Work
Funeral
Subst. Abuse
Housing Crisis
Court
Sitter Probl.
Abandoned
Stress
Protection


Exit Referrals Made During First 6 Months
Referred to:
Counsellor
Interagency
Mental Health
Speech Ther.
Psychologist
ISKWEW
Elders
Big Brothers
Alcohol Couns.
NCC
NCC/School
Social Services
School Worker
1
4
2
6
3
3
8
2
10
52
9
14
20
0
10
20
30
40
50
60
Number